





Mental Health and Addictions Quality Initiative Peer Scorecard (2016-2017)

REPORTING PERIOD: Q3: October 1 - December 31, 2016																																
																																
Domain	Indicator	Definition	Frequency	Data Source	2015-2016	2016-2017					2015-2016	2016-2017					2015-2016	2016-2017					2015-2016	2016-2017								
					YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE				
Client Complexity	# of Reasons for Admission	% of clients admitted with more than one reason for admission	Quarterly	CIHI RAI-MH	70.1%	81.5%	86.5%	86.7%	90.2%	86.2%	44.3%	53.6%	49.3%	50.0%	61.4%	53.3%	89.2%	88.8%	93.3%	91.4%	90.4%	90.9%	55.2%	60.1%	55.9%	57.5%	68.2%	60.5%				
	# of Psychiatric Diagnoses	% of clients with more than one psychiatric diagnosis at discharge	Quarterly	CIHI RAI-MH	63.4%	57.0%	58.6%	53.4%	52.4%	55.4%	56.0%	52.1%	51.3%	54.3%	55.1%	53.1%	56.2%	49.2%	51.2%	55.9%	53.5%	52.4%	54.9%	51.1%	56.2%	46.8%	51.5%	51.2%				
	# of Medical Diagnoses	% of clients with more than one medical diagnosis at discharge	Quarterly	CIHI RAI-MH	29.6%	28.9%	29.6%	31.9%	30.1%	30.1%	40.4%	58.0%	43.8%	44.9%	40.9%	41.6%	51.5%	55.3%	50.0%	55.3%	49.1%	52.2%	26.1%	20.7%	22.2%	18.5%	18.3%	19.9%				
Client Outcomes	Self Care Index	% of clients with an improvement in the self care index score from admission to discharge	Quarterly	CIHI RAI-MH	56.0%	26.8%	28.0%	27.5%	63.8%	36.5%	65.5%	66.3%	66.3%	59.5%	69.2%	65.3%	40.9%	33.8%	39.9%	38.9%	35.5%	36.9%	61.8%	65.2%	75.3%	65.2%	65.6%	67.6%				
	Overall Change in Care Needs	% of clients with reported improvement or marked improvement at discharge	Quarterly	CIHI RAI-MH	84.7%	84.7%	87.4%	89.4%	90.3%	87.7%	82.3%	81.0%	81.3%	81.8%	89.5%	83.2%	71.1%	70.3%	69.4%	73.8%	82.1%	74.0%	69.5%	70.3%	77.9%	64.5%	74.1%	71.7%				
	Readmission Rate	% of clients re-admitted to any facility within 30 days of discharge (reported one quarter behind)	Quarterly	CIHI RAI-MH	20.0%	21.1%	20.5%	21.5%	18.3%	20.4%	11.3%	10.2%	7.4%	15.3%	12.0%	11.2%	13.7%	16.0%	11.9%	17.7%	12.8%	14.5%	18.1%	19.2%	17.0%	12.4%	19.5%	17.1%				
					% of clients re-admitted to the same facility within 30 days of discharge	Quarterly	Internal Database	12.8%	14.1%	12.6%	10.4%	13.6%	12.7%	6.3%	3.0%	8.8%	8.2%	7.7%	6.7%	7.3%	6.8%	4.2%	4.4%	4.4%	4.8%	8.7%	6.6%	7.8%	7.0%	8.4%	7.4%	
	Client Experience Inpt Survey	% of positive responses to the question 31, "I think the services provided here are of high quality"	Annual*	Internal Database	*						79.4%	*						79.0%	*						81.9%	*						66.4%
Client Experience Outpt Survey	Annual*		Internal Database	*						94.2%	*						93.0%	*						94.4%	*						90.5%	
Client Safety	No Use of Control Interventions	Prevalence of non-use of control interventions – percentage of patients whose admission assessment submitted during the period indicated no use of any control intervention	Quarterly	CIHI RAI-MH	76.1%	71.7%	65.6%	65.4%	70.6%	68.4%	86.7%	85.7%	92.0%	92.6%	88.5%	89.7%	75.6%	77.9%	75.3%	79.1%	82.4%	78.7%	84.6%	83.8%	86.3%	85.1%	81.9%	84.3%				
	Unauthorized Leave of Absence Days (ULOAs)	% of Unauthorized Leaves of Absences in the period	Quarterly	Internal Database	1.38%	0.84%	0.76%	1.51%	1.74%	1.21%	0.12%	0.14%	0.38%	0.23%	0.23%	0.25%	0.05%	0.25%	0.01%	0.13%	0.07%	0.12%	0.02%	0.00%	0.00%	0.11%	0.00%	0.03%				
	Medication Incidents per 1000 Patient Days	All Medication Incidents per 1000 patient days reported during the period. Serious medication incidents (Moderate, Severe or Death Degrees of Harm as defined by the National System for Incident Reporting) per 1000 patient days reported during the period.	Quarterly	Internal Database	3.00	2.62	4.57	3.44	2.47	3.30	0.03	2.88	2.14	2.50	3.50	2.75	0.01	1.72	0.96	1.09	1.22	1.25	2.74	2.51*	1.88*	2.00	2.24	2.15				
					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00		
Inpatient Medication Reconciliation on Admission	% of In-patient Medication Reconciliations completed on Admission during the period.	Quarterly	Internal Database	88%	90%	91%	95%	95%	93%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	93%	100%	97%	99%	100%	99%					
Client Access	Alternate Level of Care Rate	% of Alternative Level of Care days reported during period	Quarterly	Internal Database	17.9%	16.3%	16.7%	16.8%	15.5%	16.1%	6.5%	6.5%**	n/a	n/a	5.3%	n/a	17.0%	16.1%	16.5%	17.5%	17.5%	16.9%	7.1%	7.9%	6.9%	6.8%	7.0%	7.1%				
Staff Safety	Lost Time Injury Index: Frequency (LTI-F)	Last time injury frequency based on # of WSIB lost time claims started in the reporting period	Quarterly	Internal Database	1.65	0.15	0.48	0.51	0.41	1.54	1.07	0.15	0.36	0.25	0.20	1.04	5.00	1.68	0.50	0.48	0.87	3.51	1.80	0.31	0.86	0.40	1.10	2.73				
HR Indicator	Absenteeism Rate	% of paid sick hours for employees in the period.	Quarterly	Internal Database	2.04%	2.02%	1.88%	2.07%	2.19%	2.04%	3.20%	3.58%	3.10%	3.33%	3.38%	3.10%	5.50%	4.95%	5.07%	6.48%	5.88%	5.66%	5.66%	5.21%	5.30%	5.18%	4.93%	5.16%				
	Staff Engagement	% positive score on the Employee Engagement Survey "Engagement" subscale.	Bi-annual	NCR Picker	2014 72.4%						2016 72%	2014 69.7%						2016 73.2%	2013 67.2%						2015 77.1%	2015 61.9%						2016 59.1%
Financial	Balanced Budget	% of balanced budgets in last 5 years	Annual	Internal Database	100%						100%	100%						100%	100%						100%	80%						80%

\*Peers began using the Ontario Perception of Care Survey in 2016

\*\*Royal is reporting CCO's Q3 2015-16 outcome

\*update to data